

# **Matter #21-10-2451 Response to Request for Additional Information: October 28, 2021:**

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### **Tab #3: Attachments**

**Exhibit 1:** PSCF Policy-Setting up Payor Contracts

**Exhibit 2:** PSCF: Posting of PSCF Participating Insurance Providers: Posted in Lobby

Also available front desk upon request and Participation list for all providers available upon request

**Exhibit 3:** PSCF Website and Statement of out of pocket notification See Section: Collection and Payment Policy

**Exhibit 4:** Patient Brochure: Updated to reflect availability of Insurance Participation lists and link to website for list

**Exhibit 5:** List of physician providers at PSCF and insurance vendors they participate with available upon request. Copies are also available at front desk.

**Exhibit 6:** PSCF Policy- Insurance Verification/Preauthorization's

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**Exhibit 12:** Addendum B for:

Cory Walsh, MD

Alisa Kim, MD

**Exhibit 13:** Addendum B for:

John Christopher Henry, MD

Gabriel Petruccelli, MD

Samuel Sanders, MD

Korboi Evans, MD

Rishi Gupta, MD

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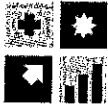
Steven Horton, MD

**Exhibit 14:** Table I and Table II: Statistical Projections for Entire Facility

Statistical Projections for Proposed Project

**Exhibit 15:** Attestation





October 28, 2021

**Via E-mail and USPS**

Shannon Magro  
Physicians Surgery Center of Frederick  
81 Thomas Johnson Court, Suite B  
Frederick, MD 21702

**Re: Andochick Surgical Center, LLC, d/b/a  
Physicians Surgery Center of Frederick  
Addition of two sterile operating rooms and  
one non-sterile procedure room  
Matter # 21-10-2451**

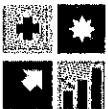
Dear Ms. Magro:

Staff of the Maryland Health Care Commission (Commission) has reviewed the Andochick Surgical Center, LLC, d/b/a Physicians Surgery Center of Frederick, Certificate of Need (CON) application and response to the first set of completeness questions for the addition of two sterile operating rooms and one non-sterile procedure room to an existing ambulatory surgery center in Frederick County. In order to find the application complete, staff submits this second round of completeness questions that need to be answered. Please respond to the following request for additional information.

1. At the September meeting, the Commission approved the General Surgical Services chapter of the State Health Plan, which became effective on October 18, 2021. Please provide a response to the following new standards to the SHP chapter at COMAR 10 24.11.05A(1), Information Regarding Charges and Network Participation:
  - a. Each ambulatory surgery center, ambulatory surgical facility, and general hospital shall provide to the public, upon inquiry or as required by applicable regulations, the names of the health carrier networks in which it currently participates;
  - b. Each ambulatory surgery center, ambulatory surgical facility, and general hospital shall provide to the public, upon inquiry, the names of the health carrier networks in which

- each surgeon and other health care practitioner that provides services at the facility currently participates; and
- c. Providing a patient with an estimate of out-of-pocket charges prior to arrival for surgery shall be a condition of any CON issued by the Commission.
2. Regarding the response to Question 3, please reconcile whether the renovation and modifications of the operating room is for "Class C" surgery room (as stated on p. 4) or "Class B" surgery room (as stated on p. 8).
3. Regarding the response to Question 4, please provide an update and status of the September 27, 2021 meeting with the City of Frederick Planning Commission related to zoning.
4. Regarding the response to Question 8(e), please provide Exhibit 5, which is described on p. 9 as the "Cost for Capital Loan: Landlord and Physicians Surgery Center of Frederick Financial Responsibility." Exhibit 5 in your completeness response is titled "Basis of Design Revised."
5. Regarding Question 16,
- a. Under Exhibit 7, please identify Christopher Henry, MD's relationship with PSCF. Also, please identify all the surgeons anticipated to move their surgical cases to PSCF in 2021 and 2022.
- b. Under Exhibit 25, please clarify whether Alisa Kim, MD, Cory T Walsh, MD, and the four newly recruited surgeons should be included on the staff at PSCF, and if so, then please submit an Addendum B for the historical and projected surgical volume utilization for these physicians.
6. Regarding the response to Question 17, provide Exhibit 54, which is identified on p. 13 is Table 1-2: Statistical Projections -Entire Facility and Proposed project. Exhibit 54 in your first completeness response is the PSCF lease agreement.
- Tot 26  
Actual 35  
3 1/2*

Please submit four copies of the responses to completeness questions and the additional information requested in this letter within ten working days of receipt. Also submit the response electronically, in both Word and PDF format, to Ruby Potter ([ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)). Given the number of questions posed, as well as the time required for staff to compile these questions, we will certainly grant an extension to the ten day target specified in regulation as soon as you would request it.





Shannon Magro  
October 28, 2021  
Page 3

All information supplementing the applicant must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

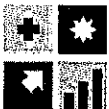
Should you have any questions regarding this matter, feel free to contact me by either e-mail at [bill.chan@maryland.gov](mailto:bill.chan@maryland.gov) or phone at (410) 764-3374.

Sincerely,

*William D. Chan*

William D. Chan  
Program Manager

cc: Scott E. Andochick, MD  
Paul Parker  
Wynee Hawk, Esq.





**Shannon.Magro physicianssurgerycenter.net**

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**From:** Bill Chan -MDH- <bill.chan@maryland.gov>  
**Sent:** Thursday, November 4, 2021 10:28 AM  
**To:** Shannon.Magro physicianssurgerycenter.net; Ruby Potter -MDH-  
**Subject:** Re: Matter # 21-10-2451

Shannon

Question #4 and #6 are similar. In both cases, your response stated that staff should look at an exhibit with one title, but staff found there was another exhibit with a different title for the response. I just want to confirm what is the correct response to the following first completeness responses,

Question 8(e) -- Exhibit 5 -- Cost for Capital Loan; Landlord and Physicians Surgery Center of Frederick Financial Responsibility

Question 17 -- Exhibit 54 -- Table 1-2: Statistical Projections - Entire Facility and Proposed Project.

Let me know if you have any further questions on this matter.

As for when you submit your response, could you please send one copy to my home address, which is

1726 East West Highway  
Silver Spring, MD 20910

Thanks and I look forward to seeing your responses.

Bill

As for your response,

On Wed, Nov 3, 2021 at 1:31 PM Shannon.Magro [physicianssurgerycenter.net](mailto:shannon.magro@physicianssurgerycenter.net)  
<[shannon.magro@physicianssurgerycenter.net](mailto:shannon.magro@physicianssurgerycenter.net)> wrote:

Hello Mr. Chan,

Regarding the latest clarification questions, section 1. Number 4. Is the commission requesting an motorization schedule or a bank letter regarding proposed interest rates for cost of the capital loan?

I want to be sure to answer it correctly.

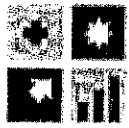
Thank you,

Shannon Magro

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**MARYLAND  
Health Care  
Commission**

**William D. Chan**

**Program Manager**

4160 Patterson Avenue

**Office:** 410-764-3460

Baltimore, MD 21215

**Direct:** 410-764-3374

[mhcc.maryland.gov](http://mhcc.maryland.gov)

**Fax:** 410-358-1236

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Response to Clarification questions October 28, 2021:

1. At the September meeting, the Commission approved the General Surgical Services Chapter of the State Health Plan, which became effective on October 18, 2021. Please provide a response to the following new standards to the SHP chapter at COMAR 10.2411.05A(1), Information Regarding Charges and Network Participation

- a. Each ambulatory surgery center, ambulatory surgical facility, and general hospital shall provide to the public, upon inquiry or as required by applicable regulations, the names of the health carrier networks in which it currently participates:

**See Exhibit 1:** Updated Payor Contracts Policy.

**See Exhibit 2:** Public posting and handout: List of carrier networks that PSCF participates with. Posted in business office and copies made available to public upon request.

**See Exhibit 3:** PSCF website with list of carrier networks that PSCF Participates with.

**See Exhibit 4:** Updated patient brochure providing information regarding access to the PSCF and Physicians Payer List and a link to the PSCF website for the PSCF payer list and instructions on how to get a copy of the physicians and anesthesiologists participation list.

- b. Each ambulatory surgery center, ambulatory surgical facility, and general hospital shall provide to the public, upon inquiry, the names of health carrier networks in which each surgeon and other health care practitioner that provides services at the facility currently participates with

**See Exhibit 1:** Updated Payor Contracts Policy

**See Exhibit 5:** List of surgeon and Anesthesia Services that provides services at PSCF and names of health carrier networks they participate with. This list is maintained in the business office and made available to the public upon request.

**See Exhibit 4:** Updated patient brochure providing information regarding access to the PSCF and Physicians Payer List and a link to the PSCF website for the PSCF payer list and instructions on how to get a copy of the physicians and anesthesiologists participation list.

- c. Providing a patient with an estimate of out of pocket charges prior to arrival for surgery shall be a condition of any CON issued by the Commission:





**See Exhibit 6:** PSCF policy "Insurance Verification/Pre Authorizations" page 4 of 6 "Contact the Patient"

Patients are also notified of their upfront out of pocket charges via text through Simple Pay which notifies them and enables them to pay on line prior to admission.

**See Exhibit 7:** Example of Simple Pay messaging informing patient of out of pocket charges prior to admission.

Patients are also called by the business office team by phone.

2. Regarding the response to Question 3, please reconcile whether the renovation and modifications of the operating room is for "Class C" surgery room (as stated on p. 4) or "Class B" surgery room (as stated on p.8).

The Room in question is a 296 square feet area scheduled to be a Class "B" Surgery Room. This response as indicated below shall be a Class "B". Please see the attached revised floor plan

Renovated Areas	Square Footage	Work Description
<b>Class "B" Surgery Room Modifications</b>		
The renovation of a Class "B" Surgical Operating Room	296 SF	Removal of Casework and installation of new drywall ceiling, new finishes and upgraded HVAC and Lighting.

**See Exhibit 8:** Revised Floor Plan for OR 2-Proposed Class B Surgery Room

3. Regarding the response to Question 4, please provide an update and status of the September 27, 2021 meeting with the City of Frederick Planning Commission related to zoning.
  1. The project was presented on September 27, 2021 for neighborhood review and comments. At that presentation, no comments or concerns were presented from the neighborhood.
  2. Following the neighborhood review meeting on September 27, the City of Frederick Planning staff and associated team members such as City Utilities, Traffic, and Fire Protection Engineering reviewed the Final Site Plan submission and prepared and presented review comments on Monday October 25, 2021. Revisions to the Final Site Plan are being prepared to be submitted on November 22, 2021 and will be presented to the City of Frederick Planning Commission on December 20, 2021 for initial review, followed by a final plan approval on January 18, 2022.
  3. Interim reviews with City Staff such as Fire Prevention Engineering, and Chief Building Official will be scheduled in November December and January, 2022.

Please contact me pertaining to any design or architectural questions or concerns.

**RESPECTFULLY SUBMITTED:**



**MEDARCH DESIGN PLLC**

Scott A. Norberg, AIA, LEED AP

4. Regarding the response to Question 8(e), please provide Exhibit 5, which is described on p. 9 as the "Cost for Capital Loan: Landlord and Physicians Surgery Center of Frederick Financial Responsibility." Exhibit 5 in your completeness response is titled "Basis of Design Revised."

Please accept the following exhibits for cost of capital loan:

**See Exhibit 9:** Revised Table E. Project Budget Estimate

**See Exhibit 10:** Financing Proposal presented by Harry Weetenkamp for discussion FCB Bank: Landlord

**See Exhibit 11:** Financing Proposal presented by Harry Weetenkamp for discussion FCB Bank for Physicians Surgery Center of Frederick: Tenant

5. Regarding Question 16,

- a. Under Exhibit 7, please identify Christopher Henry, MD's relationship with PSCF.

John Christopher Henry, MD is a credentialed member of the medical staff at PSCF. He is a non-owner. His credentials are active and he is in good standing. He performs Oculoplastic and Ophthalmology procedures at the facility.

Also, please identify all the surgeons anticipated to move their surgical cases to PSCF in 2021 and 2022

Gabriel Petruccelli, MD Non-owner Credentialed Orthopedic Surgeon in good standing: Expresses interest in ownership as a partner

Samuel Sanders, MD Non-owner Credentialed Orthopedic Surgeon in good standing: Expresses interest in ownership as a partner

Korboi Evans, MD Non-owner, Credentialed Orthopedic Surgeon in good standing: Expresses interest in ownership as a partner

Rishi Gupta, MD Non-owner Credentialed Orthopedic Surgeon in good standing; Expresses interest in ownership upon expansion when OR time is more available to him.

Cory Walsh, MD, Non-owner, Credentialed Orthopedic Surgeon in good standing: Has been offered the opportunity to purchase ownership shares and expresses commitment interest. Pending agreement.

Steven Horton, MD, Non-owner, Credentialed Orthopedic Surgeon in good standing: Has been offered the opportunity to purchase ownership shares and expresses commitment interest. Pending agreement.

Ophthalmologist currently being recruited. TBD. Alisa Kim, MD is not expected to bring cases at this time. However, she is currently credentialed and may do so if



it meets her patient needs in the future and she can obtain sufficient block time in one of the Operating Rooms.

- b. Under Exhibit 25, please clarify whether Alisa Kim, MD. Cory Walsh, MD and the four newly recruited surgeons should be included on the staff at PSCF, and if so, then please submit an Addendum B for the historical and projected surgical volume utilization for these physicians.

Yes, Cory Walsh and the following newly recruited surgeons should be included in the staff at PSCF.

**See attached Exhibit 12:** Addendum B for: Cory Walsh, MD and Alisa Kim, MD

The newly recruited surgeons have been included as they started with PSCF sooner than anticipated.

**See attached Exhibit 13:** Clarification of Addendum B for:

John Christopher Henry, MD  
Gabriel Petruccelli, MD  
Samuel Sanders, MD  
Korboi Evans, MD  
Rishi Gupta, MD  
Steven Horton, MD

PSCF is in the process of recruiting a new Ophthalmologist. At this time the process has not been completed by the surgeon recruiter. It is anticipated to be complete by the first quarter of 2022. Therefore, there is no Addendum B attached until we can determine the individual's caseload. This individual will not pull cases from Frederick Memorial Hospital as they do not perform Cataract Surgery at that location and will not pull from other centers, as this person will be new to the area.

Alisa Kim, MD will not be bringing cases to PSCF as she decided to remain in Montgomery County MD at this time. This will be reconsidered when she is able to gain block time in one of the operating rooms in the future as she is unable to do so at this time due to lack of space.

6. Regarding the response to Question 17, provide Exhibit 54, which is described on p. 13 is Table 1-2: Statistical Projections – Entire Facility and Proposed Project. Exhibit 54 in your first completeness response is the PSCF lease agreement.

Please accept correction of mislabeled Exhibit number for table 1-2: Statistical Projections-Entire Facility and Proposed Project.

**See Exhibit 14:** Table 1-2: Statistical Projections-Entire Facility and Proposed Project

Responses respectfully submitted by: Shannon I. Magro, RN 11.9.2021



**Current Status:** *Active*

**PolicyStat ID:** 10680614

Physicians Surgery Center of Frederick

**Origination:** 01/2004

**Effective:** 11/2021

**Last Approved:** 11/2021

**Last Revised:** 11/2021

**Next Review:** 11/2024

**Owner:** Shannon Magro: Administrator

**Policy Area:** Financial

**References:**

## Setting Up Payor Contracts

### POLICY:

The Facility Business Office Manager will be responsible for loading all contracted payors in the system.

### PURPOSE:

To be able to identify and analyze contracted payor reimbursement.

### SCOPE:

All contracted payors.

### PROCEDURE:

#### DIFFERENT TYPES OF CONTRACTS

1. Medicare
2. Contract based on Medicare fee groups, but with different fees
3. Contracts with fee groups different from Medicare
4. Carve Outs
5. Ungrouped Procedures (procedures not listed in groupers)
6. % of billed charges
7. Fixed amount

#### GENERAL INFORMATION

1. Contracts must be loaded in the appropriate area of your system software, upon receipt of contract.
2. Contracts will need to be updated and maintained in your system software.
3. Current Insurance participation list will be made available to the public upon request.
4. Current Insurance participation list will be made available to the public on the PSCF website at [physicianssurgctr.com](http://physicianssurgctr.com)
5. Current PSCF insurance participation list will be posted in the business office and copies made available upon request.
6. Current physician provider insurance participation lists will be made available to the public upon request.





7. Current insurance participation lists will be reviewed periodically and updated as indicated.

## **Attachments**

No Attachments

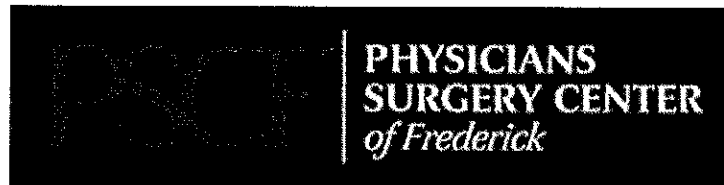
## **Approval Signatures**

**Approver**

**Date**

Shannon Magro: Administrator    11/2021





**81 Thomas Johnson Drive, Suite B  
Frederick, MD 21702**

**PSCF Participates with the following Insurance groups:**

- Aetna (all except Aetna Signature and Aetna Medicaid)
- Amerigroup
- Carefirst BCBS – all PPO, HMO, Anthem, etc.
- Cigna
- Johns Hopkins US Family
- Maryland Physicians Care
- Medicaid
- Medicare
- Priority Partners
- Tricare
- United Health Care (all except UHC Medicaid)
- Workers Compensation
- Charity Care

***A list of your surgeons and anesthesiologists participation list is available upon request.***





## Billing

### Paying Your Bill

We've kept registration, consultation, and even surgery as simple and streamlined as they can be and we're keeping our bill pay system simple, as well.

Physicians Surgery Center of Frederick is pleased to offer convenient, secure online bill pay, which is designed to eliminate misunderstandings and questions, while keeping the payment process clear and easy-to-follow. It's nice to forego paper checks and postage, and to have the convenience of 24/7 service.

We have experienced greater patient satisfaction with online bill pay, but if you prefer your invoice mailed, please let us know.

Please let us know prior to your surgery if you need help making special financial arrangements; we're happy to discuss alternative payment methods with you. To review the PSCF Charity Care Policy, [click here](#). To access the Financial Assistance form, [click here](#).

In addition to printing your receipt, we encourage you to verify with us by phone or email that your payment has posted. Feel free to contact us with any questions related to your account or online payment at (240) 215-3070 x221.

 **ONLINE BILL PAY**

## Insurance

Please work with our team before, during, and after your surgery so that we can coordinate the process of filing and managing your insurance claims. Our team will take their time to walk you through every aspect of billing and payment, ensuring that you understand your coverage, co-pays, deductibles, or difference you may owe.

We request on the day of your procedure that you bring your current insurance and Medicare card for both primary and secondary insurances.

PSCF Participates with the following Insurance groups:

- Aetna (all except Aetna Signature and Aetna Medicaid)
- Amerigroup
- Carefirst BCBS – all PPO, HMO, Anthem, etc.
- Cigna
- Johns Hopkins US Family
- Maryland Physicians Care
- Medicaid
- Medicare
- Priority Partners
- Tricare
- United Health Care (all except UHC Medicaid)
- Workers Compensation

*A list of your surgeons and anesthesiologists participation list is available upon request.*

## Collections and Payment Policy

Co-pays and deductibles will be due on the day of your surgery.

PSCF will provide you with an estimate of your out of pocket charges prior to your arrival to the facility for your surgery. This will be communicated to you via text, email or by phone.

For patients with no insurance coverage, or for those having cosmetic surgery, all fees will be due in advance.

We're happy to accept cash, cashier's checks, credit cards, and personal checks with valid identification.

CareCredit is a patient payment plan with eligibility determined by the patient's out of pocket expense. Plans extend up to 12 months and may offer interest-free payments. Apply at our facility or by visiting [www.carecredit.com](http://www.carecredit.com) or by calling (800) 365-2895 for an Automated Phone Application.

## Special Financial Arrangements

Please let us know prior to your surgery if you need assistance with special financial arrangements based upon need; we're happy to discuss and assist you with alternative payment methods, and will provide an eligibility determination within two days.

## Our Mission

Physicians Surgery Center of Frederick (PSCF) provides cost-effective outpatient services using modern, state-of-the-art technology in a friendly and caring environment by a highly-skilled, compassionate staff. Serving Frederick, Maryland and surrounding communities, we strive to achieve excellence in all areas of Ambulatory Surgery service to our community.

## Language Assistance

Language assistance services are available to you, free of charge. Call 1-877-463-3464 (TTY: 1-800-735-2258).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-463-3464 (TTY: 1-800-735-2258).

[Click here for more languages.](#)

## Contact Us

Email

[info@physiciansurgctr.com](mailto:info@physiciansurgctr.com)

Phone

240-215-3070

Fax

240-215-3071

Address

Physicians Surgery Center of Frederick  
81 Thomas Johnson Court  
Suite B  
Frederick, Maryland 21702



[Home](#)

[About Us](#)

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[Patients](#)

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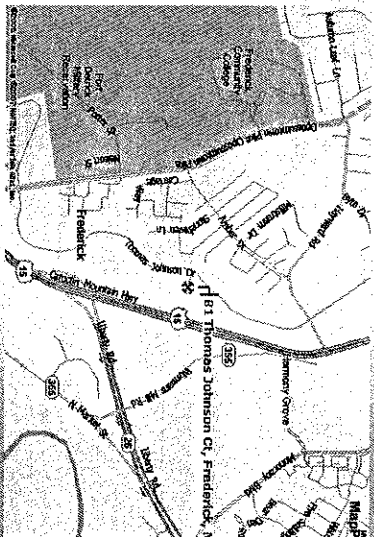


#### Driving Directions From 15 North:

- Take the Morter Avenue Exit
- Veer Right off exit onto Opposumtown Pike
- Go through two lights
- At third light make a Right onto Thomas Johnson Drive.
- Go ¾ mile and make a right onto Thomas Johnson Court.
- Center is the first left, 81 Thomas Johnson Ct.

#### Driving Directions From 15 South:

- Take the Morter Avenue Exit
- Turn left onto Opposumtown Pike
- Go through one light
- At second light make a Right onto Thomas Johnson Drive
- Go ¾ mile and make a Right onto Thomas Johnson Court.
- Center is the first left on Thomas Johnson Court.



### Physicians Surgery Center of Frederick

81 Thomas Johnson Court  
Frederick, MD 21702

Phone: 240-215-3070  
Fax: 240-215-3071

#### Patient Information

##### \*Please arrive at the Center promptly:

(1 hour before General or sedation anesthesia and 30 minutes before Local) unless otherwise instructed.  
*You will receive pre-surgical instructions from our Pre-Op Nurse a few days before your surgery, and she will also confirm your arrival time the evening before your procedure. If you would like to contact us you can do so by calling: 240-215-3070.*

#### Patient Remarks

"I had surgery on two different surgical sites within two weeks of each other, and could not have asked for better care before, after and even after I was recovering at home! Thanks!!!

"Wonderful care, great staff, very professional!"

"The staff was great, they took excellent care of me during and after the procedure."

#### Ownership Statement

This facility is owned by the Physicians Surgery Center of Frederick, LLC and its Physician owners. Your physician may have an interest in this facility.

The following physicians have an ownership interest in this organization:

Scott Andochick, MD

James Steinberg, DO

Adam Mecinski, MD

Sunil Thadani, MD

Kristen Nesbitt, MD

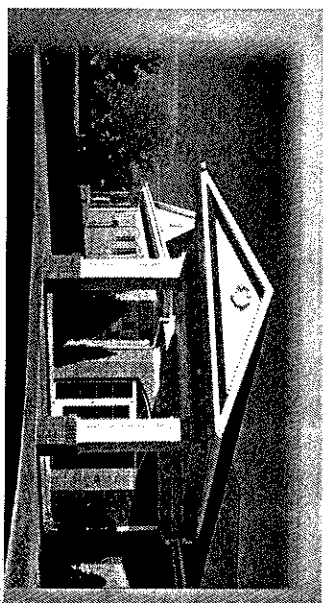
Matthew Levine, MD

The Physicians Surgery Center of Frederick is a

Non-Smoking Campus

\*A list of Insurance Companies PSCHF participates with is available upon request. A list is also available on the PSCHF Website [www.physiciansurgctr.com](http://www.physiciansurgctr.com).

\*\*A list of Insurance Companies your physician participates with is available upon request



PHYSICIANS  
SURGERY CENTER  
of Frederick

Accredited by the



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

Welcome! Your physician has scheduled your

upcoming surgery at Physicians Surgery Center of Frederick. This Center is a premier ambulatory surgery center that is Medicare and State approved and licensed. PSCHF is accredited by the Accreditation Association for Ambulatory Health Care, Inc.

We pride ourselves with an excellent team of nurses and staff who will make you feel comfortable and cared for. Our Staff is committed to providing you the highest quality care in a warm, personalized and secure setting. Our goal is to deliver excellent care and make your visit a pleasant experience.

We are so happy to serve you, and will do everything possible to make your visit with us as pleasant and proficient as possible to ensure that your day of surgery goes well please read the following information.

\*Date of your surgery is: \_\_\_\_\_

\*Please Arrive at the center at : \_\_\_\_\_

EX5

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### **Special Instructions**

Our bill covers the facility fee, supplies and any implants used. **\*\* Fees for your surgeon, anesthesiologist, and any other services such as laboratory or pathology will be billed separately. Please contact their office if you have any questions regarding their billing process.**

**If your insurance does not pay 100%:** We require the patient or responsible party to pay for the amount of your unmet deductible, coinsurance and any co-payment for outpatient surgical facilities.

**Cases which are not covered by insurance:** We require full payment on or before the date of the procedure, unless other financial arrangements are made in advance. We accept cash, check, credit card (VISA, AMEX, MasterCard), Discover and Care Credit.

You will receive a letter detailing your benefits with any deductible, coinsurance or co-pay due on day of surgery.

**Financial Hardship:** Call about PSCF Charity Care Policy or go to [www.physiciansusnjctr.com](http://www.physiciansusnjctr.com) for policy & application.

*We are required by regulatory bodies to inform each patient in advance of surgery of our Advance Directive Policy. It is the policy of the PSCF to acknowledge the right of each individual to have an Advance Directive or Living Will. You, as the patient have a right to choose where you have your surgical procedure performed. If you choose to have it performed at the PSCF, we want you to do so with the understanding that you WILL be treated if in the rare event, your heart or breathing stops while you are at the facility and transported to the hospital. We will send information about your advance directives to the receiving facility. If you would like information on Advance Directives and Maryland Forms, our professional office staff can provide you with copies upon request.*

### **Preparing for Surgery**

• Prior to your surgery you can register on line for your surgery. Go to [www.simpladmit.com](http://www.simpladmit.com) and use PW- PSCF24QNEW. Feel free to call 240-215-3070 if you have questions or prefer to speak

with our Pre-Op screening nurse or you have no internet service. Be sure to let the staff know of any special needs.

• Please bring a list of your medications. Notify the nurse if you take medication for heart, high blood pressure or diabetes so he/she can advise you about taking medication on the day of surgery.

• Bathe or shower with an antibacterial soap on the morning of surgery to minimize the chance of infection.

• Call your surgeon if you develop a cold, fever or respiratory problem before surgery. If you cannot reach your physician, contact the Center.

• Your anesthesia care will be provided by Board Certified Anesthesiologists who are also on staff at Frederick Memorial Hospital. The anesthesiologist will remain with you and the nurses until you have fully recovered and are discharged from the center.

• For General or MAC ("Twilight") Anesthesia cases, you are required to have nothing to eat or drink 8 hours prior to your arrival. (including chewing gum, tobacco or lozenges). Any food or liquid in the stomach can cause serious complications and your surgery may be postponed or cancelled.

This does not apply to persons having local only anesthesia. If you are having local anesthesia you may have a light meal the day of your procedure unless otherwise instructed by your physician.

• For women who know or suspect they may be pregnant, please notify your physician and the Center.

If patient is a minor, one parent must remain at the center at all times during the patient's visit.

### **The Day of Surgery**

• Arrive promptly at the scheduled time. This will allow adequate time for all necessary admission procedures.

• Parking is conveniently located at the Center.

• Wear comfortable, loose fitting clothing that can be easily removed. For your comfort/safety we encourage you to wear low-heeled shoes. Avoid wearing jewelry, nail polish and cosmetics. Leave contact lenses at home or bring your lens case with you. Please wear your glasses if needed. All valuables (including

jewelry and wallets) and other personal items should be left at home. Please remove all body piercing.

• Bring your insurance card, driver's license and any co-payment and/or deductible you may owe at time of surgery. If you owe from a previous visit, you will be required to make that payment on or before the time of your next visit.

Please bring your Durable Power of Attorney for Healthcare and/or advance Directives if you have one so it can be placed in your record.

• To maximize the comfort of all visitors, we suggest that adult patients be accompanied by only one person.

• Do not smoke 24 hours immediately before or after receiving anesthesia. Smoking may interfere with the anesthetic and produce nausea during recovery.

### **Your Recovery Period**

After your surgery, you will be moved to our fully equipped recovery room and monitored by our physicians and nurses until you are ready to go home. Most patients are discharged between 15 minutes and 2 hours after surgery.

It is our policy for you to have someone drive you to and from the Center for surgery if you have General/MAC or IV anesthesia. We also strongly recommend that someone stays with you for the first 24 hours after surgery.

### **Your Recovery at Home**

• Your surgeon will provide post-operative instructions regarding diet, rest and medications. In the event of any difficulty, call your surgeon without delay. If you are experiencing a life threatening event, call 911.

• Do not drink alcoholic beverages for 24 hours after receiving an anesthetic or when taking pain medication.

Attached you will find a copy of your Rights as a patient and our policy on advance directives. Please take a moment to read them at your convenience and feel free to ask our staff if you have any questions.

To decrease your registration time on day of procedure, complete the attached forms and bring them with you on the day of your visit. We look forward to serving you.



# Network Insurances by Provider

## PSCF:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care  
Medicaid  
Medicare  
Priority Partners  
Tricare  
United Health Care (all except UHC Medicaid)  
Workers Compensation  
Charity Care

## Scott E. Andochick, MD

BC  
Aetna  
Cigna  
UHC  
MC

## Adam Mecinski, MD:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care  
Medicaid  
Medicare  
Priority Partners  
Tricare  
United Health Care  
Workers Compensation

## Sunil Thadani, MD

AARP  
AARP Medicare Complete



Aetna  
Anthem Blue Cross Blue Shield  
Bankers Life and Casualty Company  
Blue Cross  
Blue Cross Blue Shield  
Blue Cross Blue Shield Federal Employee Program  
Blue Cross Blue Shield of Alabama  
Blue Cross Blue Shield of Arizona  
Blue Cross Blue Shield of Florida (Florida Blue)  
Blue Cross Blue Shield of Georgia  
Blue Cross Blue Shield of Illinois  
Blue Cross Blue Shield of Kansas  
Blue Cross Blue Shield of Kansas City  
Blue Cross Blue Shield of Louisiana  
Blue Cross Blue Shield of Massachusetts  
Blue Cross Blue Shield of Michigan  
Blue Cross Blue Shield of Minnesota  
Blue Cross Blue Shield of Mississippi  
Blue Cross Blue Shield of Montana  
Blue Cross Blue Shield of Nebraska  
Blue Cross Blue Shield of New Mexico  
Blue Cross Blue Shield of North Carolina  
Blue Cross Blue Shield of North Dakota  
Blue Cross Blue Shield of NY  
Blue Cross Blue Shield of Oklahoma  
Blue Cross Blue Shield of Rhode Island  
Blue Cross Blue Shield of South Carolina  
Blue Cross Blue Shield of Tennessee  
Blue Cross Blue Shield of Texas  
Blue Cross Blue Shield of Vermont  
Blue Cross Blue Shield of Western New York  
Blue Cross Blue Shield of Wyoming  
Blue Shield of California  
CareFirst Blue Cross Blue Shield  
Cigna  
Golden Rule  
HighMark Blue Cross Blue Shield  
Humana  
Johns Hopkins Employer Health Programs  
Liberty Mutual  
Maryland Physicians Care  
Maryland Workers' Compensation  
Medicare Supplemental  
Meritan  
OneNet PPO, LLC  
Palmetto GBA  
The Hartford  
Tricare





UMR  
United Healthcare Community Plan  
UnitedHealthcare  
US Family Health Plan  
USAA  
Worker's Compensation  
Self-Pay

Samuel Sanders, MD:

Aetna  
Allegiance  
Amerigroup  
APWU  
Blue Cross Blue Shield  
Bravo Health  
Cigna  
Cigna HealthSpring  
CoreSource  
Evercare  
GEHA  
Humana  
Johns Hopkins EHP  
Maryland Physicians Care  
Medical Assistance  
Medicare  
Medicare Advantage  
MedStar  
MHBP  
Multiplan PHCS  
Mutual of Omaha  
Priority Partners  
Riverside  
UHC Community Plan  
UMR  
United Health Care  
Gabriel Petruccelli, MD  
Aetna  
Allegiance  
Amerigroup  
APWU  
Blue Cross Blue Shield  
Bravo Health  
Cigna  
Cigna HealthSpring  
CoreSource  
Evercare  
GEHA



Humana  
Johns Hopkins EHP  
Maryland Physicians Care  
Medical Assistance  
Medicare  
Medicare Advantage  
MedStar  
MHBP  
Multiplan PHCS  
Mutual of Omaha  
Priority Partners  
Riverside  
UHC Community Plan  
UMR  
United Health Care

Korboi Evans, MD:

Aetna  
Allegiance  
Amerigroup  
APWU  
Blue Cross Blue Shield  
Bravo Health  
Cigna  
Cigna HealthSpring  
CoreSource  
Evercare  
GEHA  
Humana  
Johns Hopkins EHP  
Maryland Physicians Care  
Medical Assistance  
Medicare  
Medicare Advantage  
MedStar  
MHBP  
Multiplan PHCS  
Mutual of Omaha  
Priority Partners  
Riverside  
UHC Community Plan  
UMR  
United Health Care

John Christopher Henry, MD:

Aetna Choice POS II



Aetna HMO  
Cigna  
BCBS Blue Card PPO  
CareFirst BCBS Maryland POS  
CareFirst BlueChoice Advantage  
CareFirst BlueChoice Network POS  
CareFirst BluePreferred PPO  
Medicare  
Medicaid

James Steinberg, DO:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care  
Medicaid  
Medicare  
Priority Partners  
Tricare  
United Health Care  
Workers Compensation

Kristin Nesbitt, MD:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care  
Medicaid  
Medicare  
Priority Partners  
Tricare  
United Health Care  
Workers Compensation

Steven Horton, MD:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care



Medicaid  
Medicare  
Priority Partners  
Tricare  
United Health Care  
Workers Compensation

Matthew Levine, MD:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care  
Medicaid  
Medicare  
Priority Partners  
Tricare  
United Health Care  
Workers Compensation

Rishi Gupta, MD:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care  
Medicaid  
Medicare  
Priority Partners  
Tricare  
United Health Care  
Workers Compensation

Cory Walsh, MD:

Aetna (all except Aetna Signature and Aetna Medicaid)  
Amerigroup  
Carefirst BCBS – all PPO, HMO, Anthem, etc.  
Cigna  
Johns Hopkins US Family  
Maryland Physicians Care  
Medicaid  
Medicare  
Priority Partners





Tricare  
United Health Care  
Workers Compensation

US Anesthesia Partners:  
Medicaid  
Medicare  
Aetna  
Cigna  
Care First Blue Cross Blue Shield  
United Health Care  
Other Regional Insurance Plans

This list is updated as changes are made throughout the year to maintain a current list to provide upon request

10.31.2021



# Insurance Accepted

US Anesthesia Partners currently accepts traditional Medicaid and traditional Medicare. US Anesthesia Partners also participates as a contracted provider with most major health plans. While we make every effort to be in network with all plans and networks with these and other popular payers, new networks and plans can be created by plans at any time.

Select your location below to determine which insurance plans USAP may be contracted with in your area. The information on this page is for your reference and may be revised at any time. It is important that you check your particular plan and network with your carrier to ensure in-network status.

*To verify whether US Anesthesia Partners is in network with your insurance plan, please contact your insurance provider directly (calling the phone number listed on your insurance identification card).*

Location where services will be provided

Maryland

## Maryland In-Network List

- Aetna
- Care First Blue Cross Blue Shield
- Cigna
- UnitedHealthcare

USAP may also be in in-network with other regional insurance plans.

To verify whether US Anesthesia Partners is in-network with your insurance plan, please contact your insurance provider directly (calling the phone number listed on your insurance identification card).

## [Patients \(/patients\)](#)

[Understanding Anesthesia \(/patients/understanding-anesthesia\)](#)

[Understanding Fees & Billing \(/patients/understanding-fees-and-billing\)](#)

[Feedback & Customer Service \(/contact\)](#)

[Notice of Privacy Practices \(/notice-of-privacy-practices\)](#)

## [About USAP \(/about\)](#)

[Quality Care \(/quality-anesthesia-care\)](#)

[Who We Work With \(/who-we-work-with\)](#)

[News & Events \(/news-and-events/news\)](#)

## Locations

[Arizona \(/locations/usap-arizona\)](#)

[Colorado \(/locations/usap-colorado\)](#)

[Florida \(/locations/usap-florida\)](#)

[Maryland \(/locations/usap-maryland\)](#)

[Nevada \(/locations/usap-nevada\)](#)

[Oklahoma \(/locations/usap-oklahoma\)](#)

[Texas \(Central\) \(/locations/usap-texas-central\)](#)

[Texas \(Gulf Coast\) \(/locations/usap-texas-coast\)](#)

[Texas \(North\) \(/locations/usap-texas-north\)](#)



Current Status: Active

PolicyStat ID: 2748022

Physicians Surgery Center of Frederick

Origination: 01/2004

Effective: 01/2004

Last Approved: 10/2017

Last Revised: 10/2017

Next Review: 10/2020

Owner: Shannon Magro: Administrator

Policy Area: Financial

References:

## Insurance Verification/Pre-authorizations

### POLICY:

Every patient having a procedure performed at the Facility will have insurance benefits verified and pre-authorization obtained prior to the date of service. Each Medicare patient should be verified with the Medicare approved list of procedures for authorization. The business office will prepare patient charts prior to the date of service.

### PURPOSE:

To ensure every case has had financial arrangements made prior to approving for surgery at the Facility and unnecessary bad debt write-offs are kept to a minimum.

### SCOPE:

All patients.

### PROCEDURE:

#### CALCULATE PATIENT RESPONSIBLE AMOUNTS

1. Identify all appropriate CPT codes for the procedure. Correct coding guidelines should be used to establish proper billing methods for multiple procedures, bi-lateral procedures, and implants.
2. Calculate the estimated procedure price using the **Co-Insurance Estimator** if applicable for non-contracted payors.

#### VERIFY INSURANCE BENEFITS

- A. Identify all appropriate CPT codes for the procedure.
- B. Determine whether the patient has insurance coverage for the procedure or if the patient will be self-pay. This information should be obtained on the **Scheduling Request Form** submitted to the Facility by the physician's office.
- C. Prior to calling insurance companies to verify coverage, organize all patient folders with like insurance coverage into groups so that you may verify several patients on the same phone call. Also review the Facility's current contract with each payor prior to making a call to familiarize yourself with the major terms and conditions. Coverage, whether primary, secondary, or tertiary should be verified in the same manner.
- D. Using the **Insurance Verification Form** found in the Appendix, complete all applicable information for all insurance coverage each patient may have. The following information should be obtained and recorded

on the **Insurance Verification Form** :

1. Record the name of the person from the insurance company who gives you benefit/pre-authorization information and document the date of the call.
2. Obtain the correct **policy** and **group numbers** to verify the information that was sent by the physician's office. Verify that no other reference numbers are needed.
3. Verify policy effective date and expiration date if applicable.
4. Verify that the scheduled procedure will not be affected by any pre-existing conditions, or that the policy does not have a pre-existing clause.
5. **Medicare**: For all Medicare patients, verify that the procedure is an approved Medicare procedure to be performed in the Facility. If the CPT is not on the approved Medicare list, the case should not be performed in the Facility. If the patient has been notified that the procedure is not allowed by Medicare in an outpatient facility and they still want to have the surgery performed at the center, they must sign an Advanced Beneficiary Notice (ABN) acknowledging that they have been notified that the procedure will not be covered by Medicare and agree to be responsible for the cost ( see Medicare ABN- FINBO.04).
6. **Medicare** : For all Medicare patients transferring from a Skilled Nursing Facility (SNF) verify the patient participates in Medicare Part A and they are currently in a consolidated billing period. Obtain the SNF name, address, and telephone number for billing since the SNF will be the responsible party. Ensure you have a contract in place with the Skilled Nursing Facility.
7. **Pre-authorization number**: If the physician's office has provided a pre-authorization number with the **Scheduling Request Form** , verify with the insurance representative that the pre-authorization number includes the Facility coverage. If no pre-authorization number was submitted by the scheduling physician's office, obtain one from the insurance representative. Enter the pre-authorization number along with the Insurance ID and Group number (if applicable) into the system in the patient's account. If further information is needed to obtain a pre-authorization, get a direct callback number and a representative's name with whom to speak.
8. Verify the mailing address for claims submission.
9. Verify that the patient's medical coverage coincides with those indicated on the Facility's Contract Matrix. Most managed care companies will reimburse based on a flat group rate and will discount multiple procedures. Indemnity plans will often pay a percent of "allowable" charges based on a pre-defined usual and customary table.
10. If the center is out-of-network with the patient's insurance plan, obtain both in-network and out-of-network benefits in order to determine the patient responsible co-pay and deductible.
11. Verify any maximum out-of-pocket limits that the policy may have and whether the patient has met their yearly or lifetime limits. Also verify any deductibles or co-pays that the patient will be responsible for. The insurance company should be able to tell you whether the yearly deductible has been met.
12. Verify coordination of benefits. Determine if the insurance is considered primary, secondary, or tertiary. Often children will be covered under both parent's plans and a determination will need to be made as to which insurance will be processing the charges as the primary coverage.
13. Enter all benefit information on the patient's account.

#### **CALCULATE PATIENT RESPONSIBILITY**

- A. **Self-pay patients** : The balance is due in full at time of service unless arrangements are made otherwise. Determine if the patient has any outstanding balances with the Facility. If so, all balances are due along with charges for the current procedure at time of service. Notify the Business Office Manager or Administrator if the account has a remaining balance due from a previous visit. For other arrangements, refer to Discounts for Self Pay and Uninsured FINBO.06, Out of Network FINBO.58, and Promissory Notes FINBO.09.
- B. **Patients with insurance coverage** : To determine the patient's estimated financial responsibility, first calculate the estimated financial responsibility for each insurance carrier. Calculate the patient's financial responsibility by completing the **Insurance Verification** form and **Co-Insurance Estimator**.
1. Use correct coding guidelines to determine each applicable CPT code for the procedure to be performed. Rank multiple procedures in descending order based on highest "Facility Fee" or charge. The CPT "Facility Fee" charges should be obtained from the Procedure table.
  2. Discount multiple and bilateral procedures appropriately. Different insurance carriers discount multiple and bilateral procedures by different amounts. Refer to the **Contract Abstract form** to determine the specific reimbursement rates for each insurance carrier to which claims will be sent.
  3. Record any implants or high cost supply items that may be used.
  4. Record the invoice amount or implant cost. The **Materials Manager** should be able to provide this information. Record the mark-up percent or facility charge amount for each item.
  5. Determine the "Net Charges" for each line item. The total of these charges will be the estimated total charges to be billed to the insurance.
  6. Using the information obtained while verifying insurance benefits, calculate the final portion due by the patient using the **Co-Insurance Estimator** if applicable. The final patient responsibility amount will be due from patient at time of service. This calculation should be communicated to the patient or responsible party prior to the scheduled date of service.
- C. To assist in accurately estimating patient responsibility and to eliminate unnecessary credit balances, the following items should be applied to the appropriate accounts:
1. All ASC procedures require pre-authorization prior to the date of service. If pre-authorization is not obtained prior to the procedures being performed, the patient may not be billed for any services provided.
  2. **Medicaid** patients are not responsible for any balances due after Medicaid has paid for services. If a Medicaid patient chooses to have a non-covered procedure performed, **and** they sign a release stating that they will be responsible for the balance, the balance may then be billed to the patient.
  3. **Medicare** patients will have an annual deductible that they will be responsible for (if not met for the year) and a 20% co-payment. If the Medicare patient has Medi-gap coverage, they generally will not be responsible for any balance; however some Medi-gap policies do not cover the patient's yearly deductible.
  4. If a patient has Medicare as a secondary insurance, Medicare will pay only if their allowable amount is more than what the primary payor has paid. In most instances, the Medicare allowable amount is less than what has been paid by the primary carrier which will result in Medicare not allowing any additional amount on the claim. Under these circumstances, the patient cannot be held liable resulting in the balance being adjusted as a contractual write-off.
    - a. If the primary deductible has been met for the year, the Medicare secondary claim does not

need to be filed.

- b. If the primary deductible for the year has not been met the Medicare secondary claim must be filed, even if no further payment is expected from Medicare. The primary insurance payment is applied towards the Medicare annual deductible and needs to be recorded by Medicare.
- D. PPO patients will generally have an annual deductible which, if not met, will be applied to the charges submitted and the patient will be responsible for payment of the deductible. PPO patients will also have a percentage of the approved charges that they will be responsible for. These percentages will vary depending on each individual plan. Verify deductible and coinsurance when contacting carrier for benefit verification.
- E. HMO patients may or may not be responsible for co-payment amounts, depending on their individual plan and any contracts with the Facility. Check the **Contract Abstract form** to verify plan coverage.
- F. **Non-Contracted Commercial patients** may have an annual deductible which, if not met, will be applied to the charges submitted. The patient will be responsible for payment of any in-network/out-of-network equivalent deductible. PPO patients will also have a percentage of the approved charges that they will be responsible for. These percentages will vary depending on each individual plan and should be calculated using the Co-Insurance Estimator.

#### CONTACT PATIENT

- A. Once the expected patient balance has been determined, the patient or responsible party will be contacted. Please refer to the Upfront Collections Script, if applicable. **At no time should medical related questions, information, or advice be given to a patient or the patient's family by a non-clinical staff**. The following items should be reviewed:
  - 1. Introduce yourself as a representative of the Facility. Give your name so that the person has a reference with which they have been speaking. Make sure you are speaking to either the patient or the responsible party. **At no time should you give out or discuss confidential information with anyone other than the patient or the responsible party.**
  - 2. Verify the date of surgery, the type of procedure they plan to have, and the surgeon's name.
  - 3. Verify the patient's demographic information including addresses, phone numbers, Social Security numbers, work place, insurance carriers, and emergency contact information. **Remind the patient to bring all insurance cards and photo ID the day of surgery.**
  - 4. Discuss patient responsible amount due at time of service. Set up payment plan if applicable and fill out Promissory Note with estimated amount due and agreed upon payments. A comment should be created in the system to notify front desk of what to collect at check-in.
  - 5. Notify patient that amount quoted is only for the Facility fee; the patient will receive separate statements from the surgeon, anesthesia, and pathology, if applicable.
  - 6. Remind the patient what time to be at the Facility prior to surgery. Tell them to dress comfortably and to leave all jewelry, watches, etc., at home.
  - 7. Verify that the responsible party will be with the patient the day of surgery and that they will arrive early enough to sign necessary forms and prepare for surgery. Also verify that post-operative transportation has been arranged.
  - 8. Confirm with the patient that the physician or a member of the Facility clinical staff has reviewed pre-operative instructions with them. If no pre-operative instructions have been given, make a note on the chart and forward to the appropriate staff.



- B. Review insurance information and verify any third party liability, Medicare secondary payor or any other insurance issues the center should be made aware.
1. **Medicare Secondary Payor (Hospitals only)** : Medicare Secondary Payor reviews *must* be done with each Medicare patient prior to each surgical visit. Use the **Medicare Secondary Payor Review Worksheet** found in the Appendix to assist in patient screening (see Medicare Secondary Payor FINBO.10). The completed form should be included in the patient's file.
  2. **Medicare Secondary Payor (ASCs only)**: Even though a Medicare Secondary Payor form is not required to be completed in an ASC, you still need to ensure we are billing Medicare as the primary carrier appropriately. The questions on the MSP form can be useful in helping to determine this information.
  3. **Third Party Liability** issues should be reviewed with the patient. If surgery is the result of an accident, determine which type of coverage will be responsible:
    - a. **Auto Insurance**: If the accident was the result of a motor vehicle accident, then auto insurance will be liable.
    - b. **Homeowner's Insurance**: If the accident occurred at home, commercial homeowner's insurance will be liable. If the accident occurred on a piece of property not belonging to the patient, then the home owner's insurance of that property may want verification that no other coverage is applicable.
    - c. **Worker's Compensation Insurance**: Any accident which occurs in the work place, will be the responsibility of Worker's Compensation if covered under the Worker's Compensation policy guidelines.
    - d. Whichever the case, immediate contact needs to be made with the responsible party to verify benefits and claim submission information.
    - e. A W/C claim number, as well as the date of injury, must be obtained from the carrier in order to bill a claim. It is also important to identify a contact person/case manager/adjuster working with the case.
    - f. Any accident identified above which will not be covered by the respective insurance carrier will be the responsibility of the patient.
  4. **Litigation**: If any type of litigation is involved, the patient is responsible for all balances until which time resolution agreements can be forwarded to the Facility verifying coverage responsibility. Patient's insurance company may be billed pending any legal settlement if the insurance company agrees in writing to allow the patient to refund any settlement amount to the insurance company to covered medical expenses. A signed copy of such an agreement must be received at the Facility prior to surgery day and must be sent directly from the insurance carrier.
  5. Obtain commitment from patient to pay entire **estimated** patient portion prior to date of surgery. Once all insurance information has been verified and reviewed, via the **Co-Insurance Estimator**, encourage patient to pay their portion in advance. If the patient wants to bring payment in the date of surgery, record the patient due amount on the **Over the Counter Payment Log** found in the Appendix. Enter the deposit amount into the patient's account in the system. Enter a comment on the patient's account detailing the discussion of the patient responsible due amount and what they agreed to pay at the time of service.
    - a. Credit Card information may be taken over the phone. Fill out and process a credit card transaction according to the **Credit Card Payment Policy (see FINBO.17)** . The type of credit

card, the name as it appears on the credit card, the credit card number, and the expiration date must be obtained. Record the information in the **Over the Counter Payment Log** for that day.

- b. Payments with check, cash or money order may be taken on the date of surgery. Record the patient due amounts on the **Over the Counter Payment Log** . Enter the deposit amount into the patient account in the system.
- c. Payment Plans may be negotiated with patients who are unable to pay their entire balance the day of surgery. Following the **Promissory Notes Policy (see FINBO.09)** or the **Charity Care Policy (see FINBO.29)** , whichever is applicable, document the patient's information and forward to the Business Office Manager or Facility Administrator for review and approval. Prepare a **Promissory Note** , found in the Appendix, and place in the patient's folder to be signed by the patient or responsible party the day of surgery.

## ***Associated Forms***

Form – Insurance Verification

Form – Medicare Secondary Payor Worksheet

Form – Promissory Note

Form – Contracts Abstract

## ***Cross-Reference Documentation***

Policy – Prompt Pay

Policy - Charity Care

Policy – Credit Card Transaction

Policy – Out of Network

Policy – Discount for Self Pay and Uninsured

Form – Scheduling Request

## **Attachments**

Form - Contract Abstract Template (2) (1).xls

Form - Promissory Note 5.13.04 (1) (1).doc

Form - Medicare Secondary Payer - ASC's (2) (1).docx

Form - Insurance Verification 2 (1) (1).doc

## **Approval Signatures**

<b>Approver</b>	<b>Date</b>
Shannon Magro: Administrator	10/2017
Shannon Magro: Administrator	10/2017

Initial email:

Hi [firstName],

Your insurance information has been verified. We have included details about your estimated financial obligation per your insurance carrier for your scheduled procedure at Physician's Surgery Center of Frederick. The amounts shown below are based on current policy information you provided. Amounts are subject to change after the procedure is performed. Our bill covers the facility fee, supplies and any implants used. \*\*Fees for your surgeon, anesthesiologist, and any other services such as laboratory or pathology will be billed separately. Please contact their office if you have any questions regarding their specific billing process.

Please see below for your payment options:

- Pay your deposit online using the credit card link below.
- Bring your payment on the date of your procedure.
- If you require an alternative payment option, please contact the surgery center prior to your surgery. We are happy to discuss alternative payment methods with you. We will provide your probable eligibility within two days of receipt of qualifying information.

If you have already had your procedure and are receiving this email, then there has been a change in your patient estimate which has left an outstanding balance on your account.

If you have any questions please contact the Physician's Surgery Center of Frederick. We look forward to seeing you soon.

Here is your estimate:

Reminder Email:

Hi [firstName],

This is a reminder that your insurance information has been verified.

We have included details about your estimated financial obligation per your insurance carrier for your scheduled procedure at Physician's Surgery Center of Frederick. The amounts shown below are based on current policy information you provided. Amounts are subject to change after the procedure is performed. Our bill covers the facility fee, supplies and any implants used.

**\*\*Fees for your surgeon, anesthesiologist, and any other services such as laboratory or pathology will be billed separately. Please contact their office if you have any questions regarding their specific billing process.**

Please see below for your payment options:

- Pay your deposit online using the credit card below.
- Bring your payment on the date of your procedure.
- If you require an alternative payment option, please contact the surgery center prior to your surgery. We are happy to discuss alternative payment methods with you. We will provide your probable eligibility within two days of receipt of qualifying information.

If you have already had your procedure and are receiving this email, then there has been a change in your patient estimate which has left an outstanding balance on your account.

If you have any questions please contact the Physician's Surgery Center of Frederick. We look forward to seeing you soon.

Here is your estimate:





TABLE E. PROJECT BUDGET

**INSTRUCTION:** Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.

Inflation should only be included in the inflation allowance line A.f.e. The value of donated land for the project should be included on Line A.f.d as a use of funds and on line B.9 as a source of funds.

	Hospital Building: Landlord liability	See Attached Explanation of Budget for PSCF liability for internal build and renovation: 12287sf	Total
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. New Construction</b>			
(1) Building	\$1,684,401	\$1,907,000	\$3,591,401
(2) Fixed Equipment	\$0	\$50,000	\$50,000
(3) Site and Infrastructure	\$220,000	\$0	\$220,000
(4) Architect/Engineering Fees	\$154,500	\$130,500	\$285,000
(5) Permits (Building, Utilities, Etc.)	\$21,000	\$24,000	\$45,000
<b>SUBTOTAL</b>	<b>\$2,079,901</b>	<b>\$2,111,500</b>	<b>\$4,191,401</b>
<b>b. Renovations</b>			
(1) Building	\$0	\$127,800	\$127,800
(2) Fixed Equipment (not included in construction)	\$0	\$0	\$0
(3) Architect/Engineering Fees	\$0	\$35,000	\$35,000
(4) Permits (Building, Utilities, Etc.)	\$0	\$5,000	\$5,000
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$167,800</b>	<b>\$167,800</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment	\$0	\$300,000	\$300,000
(2) Contingency Allowance	\$95,000	\$105,000	\$200,000
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$95,000</b>	<b>\$405,000</b>	<b>\$500,000</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$2,174,901</b>	<b>\$2,684,300</b>	<b>\$4,859,201</b>
<b>d. Land Purchase</b>	<b>\$375,000</b>		<b>\$375,000</b>
<b>e. Inflation Allowance</b>			<b>\$0</b>
<b>TOTAL CAPITAL COSTS</b>	<b>\$2,549,901</b>	<b>\$2,684,300</b>	<b>\$5,234,201</b>
<b>Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees	\$10,000	\$11,000	\$21,000
b. Bond Discount	\$0	\$0	\$0
c. CON Application Assistance	\$0	\$10,000	\$10,000
c1. Legal Fees	\$0	\$0	\$0
c2. Other (Specify/add rows if needed)	\$0	\$0	\$0
d. Non-CON Consulting Fees (Phase 1, Hazard Insurance,	\$7,500	\$0	\$7,500
d1. Legal Fees	\$0	\$0	\$0
d2. Other (Specify/add rows if needed)(Flood Plain Cert)	\$2,500	\$0	\$2,500
e. Debt Service Reserve Fund	\$0	\$0	\$0
f. Other (Specify/add rows if needed) Construction Financing	\$51,000	\$65,000	\$116,000
g. Start Up operations	\$0	\$8,700	\$8,700
<b>SUBTOTAL</b>	<b>\$71,000</b>	<b>\$73,700</b>	<b>\$144,700</b>
<b>3. Working Capital Startup Costs</b>			<b>\$0</b>
<b>TOTAL USES OF FUNDS</b>	<b>\$2,620,901</b>	<b>\$2,758,000</b>	<b>\$5,378,901</b>
<b>B. Sources of Funds</b>			
1. Cash (PSCF-500,000/SEA 500,000)	\$500,000	\$500,000	\$1,000,000
2. Philanthropy (to date and expected)		\$0	\$0
3. Authorized Bonds		\$0	\$0
4. Interest Income from bond proceeds listed in #3		\$0	\$0
5. Mortgage		\$58,000	\$58,000
6. Working Capital Loans (two notes up to 2.2M each over 20years at 4%)	\$1,745,901	\$2,200,000	\$3,945,901
<b>7. Grants or Appropriations</b>			
a. Federal		\$0	\$0
b. State		\$0	\$0
c. Local		\$0	\$0
8. Other (Specify/add rows if needed)		\$0	\$0
Owner Contribution of Land \$375,000	\$375,000	\$0	\$375,000
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$2,620,901</b>	<b>\$2,758,000</b>	<b>\$5,378,901</b>
	<b>Hospital Building</b>	<b>Other Structure</b>	<b>Total</b>
<b>Annual Lease Costs (if applicable)</b>			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed) Recommended Contingency			\$0

\* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

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# **Financing Proposal**

**For**

**Dr. Scott Andochick**

**November 3, 2021**

**Presented by:**

Harry Weetenkamp

***Senior Vice President***

***Commercial Lender***



**BORROWER:** Andochick Properties, LLC or anew entity to be formed

**PURPOSE:** To construct an addition to the office building/surgical center located at 81 Thomas Johnson Court, Frederick, MD 21702 and the adjacent parcel located at 83 Thomas Johnson Ct., Frederick, Md.

**TERM:** Up to 240 months

**INTEREST RATE:** **Option 1: 5 years fixed** at 3.57%, followed by a floating rate of Prime + 1% with a floor of 4.50% or a new fixed rate to be negotiated.

**Option 2: 7 years fixed** at 3.87%, followed by a floating rate of Prime + 1% with a floor of 4.50% or a new fixed rate to be negotiated.

**Option 3: 10 years fixed** at 4.10%, followed by a floating rate of Prime + 1% with a floor of 4.10% or a new fixed rate to be negotiated.

**AMORTIZATION:** Up to 240 months

**LOAN AMOUNT:** The loan amount shall be the lesser of \$2,200,000 or 75% of the "as completed" appraised value of the subject property.

**GUARANTORS:** Scott E. Andochick MD PA

Scott E. Andochick, Individually

Andochick Properties, LLC (if borrower is a different entity)

A A & M Properties, LLC (Limited Guarantee)

**COLLATERAL:** The guarantee of Andochick Properties, LLC shall be secured by a 2nd lien DOT (behind FCB Bank a Division of ACNB Bank) on real estate and improvements located at 81 Thomas Johnson Court, Frederick, MD 21702;

The limited guarantee of A A & M Properties, LLC shall be secured by a 2nd lien DOT (behind FCB Bank a Division of ACNB Bank) on ~1.00 acres unimproved commercially zoned building lot located at 83 Thomas Johnson Court, Frederick, MD 21702

Assignment of Rents

**FEES:** **TO COINCIDE WITH TYE ABOVE REFERENCED INTEREST RATES:**



**Option 1:** .25% of the loan amount to coincide with the above interest rate option

**Option 2:** .35% of the loan amount to coincide with the above interest rate option

**Option 3:** .50% of the loan amount to coincide with the above interest rate option

**Construction Loans:**

1. Borrower shall furnish the Bank with all construction contracts, plans, specs, Municipal approval(s) and permits prior to any construction loan advances.
2. Borrower shall furnish the Bank with a copy of the occupancy permit upon completion of construction.
3. All disbursements under this facility shall be made at the Bank's sole discretion pursuant to the terms of a construction loan agreement and independent inspections of the property.
4. Borrower shall assign all agreements affecting the real estate to the Bank including the construction contract.
5. The General Contractors proposal must meet approval by the Bank, or choose one of the draw schedules from the Construction Draw Schedule Options and return to the Bank prior to closing.
6. Funds will be disbursed upon receipt of, and as authorized by the Architect on this project, under an Application and Certificate of Payment/AIA Document G702.
7. Borrower(s) will also provide the Bank with a copy of the contractors Builders Risk insurance policy.

**PREPAYMENT:**

2% for the term of the loan. The loan will **not** be subject to a prepayment premium if the prepayment is made via cash flow generated from normal business operations or by reason of sale of the subject property.



**CONDITIONS:**

- Receipt of annual Financial information from Borrower.
- Receipt of annual Financial information from Guarantors.
- All expenses associated with documenting this facility will be the responsibility of the Borrower.
- A flood plain certification is required.
- Property is subject to a satisfactory Phase 1 Environmental Site Assessment of the collateral real estate indicating said property is free from all environmentally hazardous materials.
- A lender's title insurance policy satisfactory to the Bank in an amount equal to the amount of the mortgage is required insuring a good title to the collateral real estate free and clear of any liens or encumbrances.
- Satisfactory fire and hazard insurance is required naming FCB Bank, a division of ACNB Bank as mortgagee and payee approval of proposed facility subject to completion of final due diligence by Bank.
- Subject to the satisfactory review of the financial information required by Bank.

*It is hereby expressly acknowledged and understood that the terms and conditions outlined herein are for discussion purposes only and not constitute final loan approval. Rather, if the foregoing terms and conditions as contained in the **Proposal** are acceptable to you, FCB Bank, A Division of ACNB Bank will seek approval and, **if approved**, will present to Borrower a formal commitment letter which will further detail the terms and conditions of the contemplated loan.*

On behalf of FCB Bank, a division of ACNB Bank, I thank you for the opportunity to present this financing proposal.

Harry Weetenkamp, Senior Vice President

If the terms of this proposal are acceptable to you, please execute a copy of the proposal and return to the undersigned. Upon acceptance, and if approved by FCB Bank, a Division of ACNB Bank, a closing date would be set not to exceed thirty days from acceptance unless date is agreed upon by the parties, due to receipt of appraisals or other documents.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_





Option: 1\_\_\_\_\_ Option:2\_\_\_\_\_ Option:3\_\_\_\_\_



**Financing Proposal**  
**For**  
**Andochick Surgical**  
**Center DBA Physicians**  
**Surgery Center of**  
**Frederick**

**November 5, 2021**

**Presented by:**

Harry Weetenkamp

***Senior Vice President***

***Commercial Lender***

**BORROWER:** Andochick Surgical Center, LLC DBA Physicians Surgery Center of Frederick ("PSCF Surgical Center")

**PURPOSE:** Internal build out and renovations to the surgical center located at 81 Thomas Johnson Court, Frederick, MD 21702

**TERM:** Up to 240 months

**INTEREST RATE:** **Option 1: 5 years fixed** at 3.57%, followed by a floating rate of Prime + 1% with a floor of 4.50% or a new fixed rate to be negotiated.

**Option 2: 7 years fixed** at 3.87%, followed by a floating rate of Prime + 1% with a floor of 4.50% or a new fixed rate to be negotiated.

**Option 3: 10 years fixed** at 4.10%, followed by a floating rate of Prime + 1% with a floor of 4.10% or a new fixed rate to be negotiated.

**AMORTIZATION:** Up to 240 months

**LOAN AMOUNT:** **Not to exceed** \$2,200,000.

**GUARANTORS:** Scott E. Andochick MD PA

Scott E. Andochick, Individually

Other individual guarantor's TBD who have a minimum 20% ownership interest in the PSCF Surgical Center

This loan shall require the limited guaranty of Andochick Properties, LLC in connection with the pledging of the collateral real estate.

**COLLATERAL:** The loan shall be secured by a 1<sup>st</sup> lien on the business assets and leasehold improvement of the PSCF Surgical Center.

The limited guarantee of Andochick Properties, LLC shall be secured by a **junior** lien DOT (behind FCB Bank a Division of ACNB Bank) on real estate and improvements located at 81 Thomas Johnson Court, Frederick, MD 21702.

Other collateral TBD including real estate or other properly margined tangible collateral to be pledged by the individual guarantors.

Assignment of Rents

**FEES:**

**TO COINCIDE WITH THE ABOVE REFERENCED INTEREST RATES:**

**Option 1:** .25% of the loan amount to coincide with the above interest rate option

**Option 2:** .35% of the loan amount to coincide with the above interest rate option

**Option 3:** .50% of the loan amount to coincide with the above interest rate option

**Construction Loans for Buildout :**

1. Borrower shall furnish the Bank with all construction contracts, plans, specs, Municipal approval(s) and permits prior to any construction loan advances.
2. Borrower shall furnish the Bank with a copy of the occupancy permit upon completion of construction.
3. All disbursements under this facility shall be made at the Bank's sole discretion pursuant to the terms of a construction loan agreement and independent inspections of the property.
4. Borrower shall assign all agreements affecting the real estate to the Bank including the construction contract.
5. The General Contractors proposal must meet approval by the Bank, or choose one of the draw schedules from the Construction Draw Schedule Options and return to the Bank prior to closing.

6. Funds will be disbursed upon receipt of, and as authorized by the Architect on this project, under an Application and Certificate of Payment/AIA Document G702.
7. Borrower(s) will also provide the Bank with a copy of the contractors Builders Risk insurance policy.

**PREPAYMENT:**

2% for the term of the loan. The loan will **not** be subject to a prepayment premium if the prepayment is made via cash flow generated from normal business operations or by reason of sale of the subject property.

**CONDITIONS:**

- Receipt of annual Financial information from Borrower.
- Receipt of annual Financial information from Guarantors.
- All expenses associated with documenting this facility will be the responsibility of the Borrower.
- A flood plain certification is required.
- Property is subject to a satisfactory Phase 1 Environmental Site Assessment of the collateral real estate indicating said property is free from all environmentally hazardous materials.
- A lender's title insurance policy satisfactory to the Bank in an amount equal to the amount of the mortgage is required insuring a good title to the collateral real estate free and clear of any liens or encumbrances.
- Satisfactory fire and hazard insurance is required naming FCB Bank, a division of ACNB Bank as mortgagee and payee approval of proposed facility subject to completion of final due diligence by Bank.
- Subject to the satisfactory review of the financial information required by Bank.

*It is hereby expressly acknowledged and understood that the terms and conditions outlined herein are for discussion purposes only and not constitute final loan approval. Rather, if the foregoing terms and conditions as contained in the **Proposal** are acceptable to you, FCB Bank, A Division of ACNB Bank will seek approval and, **if approved**, will present to Borrower a formal commitment letter which will further detail the terms and conditions of the contemplated loan.*

On behalf of FCB Bank, a division of ACNB Bank, I thank you for the opportunity to present this financing proposal.

Harry Weetenkamp, Senior Vice President

If the terms of this proposal are acceptable to you, please execute a copy of the proposal and return to the undersigned. Upon acceptance, and if approved by FCB Bank, a Division of ACNB Bank, a closing date would be set not to exceed thirty days from acceptance unless date is agreed upon by the parties, due to receipt of appraisals or other documents.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Option: 1 \_\_\_\_\_ Option:2 \_\_\_\_\_ Option:3 \_\_\_\_\_





**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

**CORY WALSH, MD ORTHOPEDIC**

Physician Name	Surgical Volume Latest 2 complete years				Projections						Facility(s) from which these cases will be migrating
	Year 2019		Year 2020		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
	15	1,195	20	1580	140	11,060	175	13,925	200	15,800	

79

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Knee Arthroscopy	13	12
ORIF	1	4
KNEE MANIP	0	2
Cystectomy	0	1
Tendon Repair	1	0

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature: Scott E. Andoehick

Print Name: Scott E. Andoehick, MD

## **ADDENDUM B: PROVIDING INDIVIDUAL PHYSICIAN VOLUME DATA**

### **Volume projections – ambulatory surgery facility applications**

This forms package has been prepared to assist CON applicants for Ambulatory Surgical Facilities in providing information required for the CON review (see below). Each potentially involved physician should be asked to complete an individual submission, and the project sponsor (applicant) should aggregate that data (final table in this package). The information requested in this form will enable the applicant to comply with the regulations (listed immediately below) that prescribe data an applicant must provide.

#### **The State Health Plan...General Surgical Services Excerpted from COMAR 10.24.11.06C.**

An application to establish a new ambulatory surgical facility shall present the following data as part of its impact assessment, in addition to addressing COMAR 10.24.01.08G(3)(f):

(1) The number of surgical cases projected for the facility and for each physician and practitioner;

(2) A minimum of two years of historic case volume data for each physician or practitioner, identifying each facility at which cases were performed and the average operating room time per case. Calendar year or fiscal year data may be provided as long as the time period is identified and is consistent for all physicians; and

(3) The proportion of case volume expected to shift from each existing facility to the proposed facility.

(4) Impact on an affected hospital.

(a) If the needs assessment includes surgical cases performed by one or more physicians who currently perform cases at a hospital within the defined service area of the proposed ambulatory surgical facility that, in the aggregate, account for 18 percent of the operating room capacity at a hospital, then the applicant shall include, as part of the impact assessment, a projection of the levels of use at the affected hospital for at least three years following the anticipated opening of the proposed ambulatory surgical facility; and

(b) The operating room capacity assumptions in .06A of this Chapter and the operating room inventory rules in .06D of this Chapter shall be used in the impact assessment.

*Note: duplicate and/or expand these forms as needed to accommodate providers.*

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

ALISA KIM, MD OPHTHALMOLOGY

Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating
	Year 2019		Year 2020		Year 2021		Year 2		Year 3		Cases	Minutes	
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes			
	0	0	0	0	0	0	0	0	TBD		TBD		MONTGOMERY COUNTY

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Cataract Surgery		

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature [Signature]

Print Name: Scott E. Andrich, MD

## **ADDENDUM B: PROVIDING INDIVIDUAL PHYSICIAN VOLUME DATA**

### **Volume projections – ambulatory surgery facility applications**

This forms package has been prepared to assist CON applicants for Ambulatory Surgical Facilities in providing information required for the CON review (see below). Each potentially involved physician should be asked to complete an individual submission, and the project sponsor (applicant) should aggregate that data (final table in this package). The information requested in this form will enable the applicant to comply with the regulations (listed immediately below) that prescribe data an applicant must provide.

#### **The State Health Plan....General Surgical Services Excerpted from COMAR 10.24.11.06C.**

An application to establish a new ambulatory surgical facility shall present the following data as part of its impact assessment, in addition to addressing COMAR 10.24.01.08G(3)(f):

(1) The number of surgical cases projected for the facility and for each physician and practitioner;

(2) A minimum of two years of historic case volume data for each physician or practitioner, identifying each facility at which cases were performed and the average operating room time per case. Calendar year or fiscal year data may be provided as long as the time period is identified and is consistent for all physicians; and

(3) The proportion of case volume expected to shift from each existing facility to the proposed facility.

(4) Impact on an affected hospital.

(a) If the needs assessment includes surgical cases performed by one or more physicians who currently perform cases at a hospital within the defined service area of the proposed ambulatory surgical facility that, in the aggregate, account for 18 percent of the operating room capacity at a hospital, then the applicant shall include, as part of the impact assessment, a projection of the levels of use at the affected hospital for at least three years following the anticipated opening of the proposed ambulatory surgical facility; and

(b) The operating room capacity assumptions in .06A of this Chapter and the operating room inventory rules in .06D of this Chapter shall be used in the impact assessment.

*Note: duplicate and/or expand these forms as needed to accommodate providers.*

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Physician Name	Surgical Volume Latest 2 complete years			Projections						Facility(s) from which these cases will be migrating	
	Year 19			Year 20		Year 21		Year 22			Year 23
	Cases	Minutes		Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes
Christopher HENRY, MD				8		15		30		50	

5 most frequently performed surgeries, two most recent years	Yr 1	Yr 2
Surgical Procedure*		

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature: [Signature]  
 Print Name: Scott Andlochick



**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

*Salvatore Petrucci, MD*

Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating
	Year 21		Year 22		Year 1		Year 2		Year 3		Cases	Minutes	
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes			
	10	990	31	3069	65	6435	100	9900	150	14850			Proced Surgery Center

aa

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Knee Arthroscopy	2	6
Shoulder - Rotator cuff	4	12
Hand/Wrist Repair	3	8
Carpal Tunnel	1	3

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature: *SCOTT Andrich*  
 Print Name: *SCOTT Andrich*





**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Samuel Sandoval, MD

Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating			
	Year 21			Year 22			Year 1			Year 2				Year 3		
	Cases	Minutes		Cases	Minutes		Cases	Minutes		Cases	Minutes			Cases	Minutes	
	13	1289		34	3861		100	9900		150	14850		200	19800		Procedural Surgery Center, Montgomery County, MD

99

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Shoulder Arthroscopy	4	8
Knee Arthroscopy	6	12
ORIF	3	10
Achilles Repair	1	5
Other		4

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief

Signature SS Sandoval

Print Name: SCOTT ANDOCHICK



**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Korcia Evans, MD

Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating
	Year 2021		Year 2022		Year 1		Year 2		Year 3				
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes			
	5	690	30	4140	60	8280	90	12649	110	15870	Procedural Surgery Center, Montgomery County, MD		

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Hip Replacement - Ant	2	16
Ulnar Nerve Replacement	1	8
Total Knee Replacement	1	10
Shoulder - Rotator cuff	1	2

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature SC Andochick

Print Name: SCOTT Andochick



**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Physician Name	Surgical Volume Latest 2 complete years			Projections						Facility(s) from which these cases will be migrating
	Year 19	Cases	Minutes	Year 20	Cases	Minutes	Year 21	Cases	Minutes	
RISHI GUPTA, MD				5			2021			
							2022			
							2023			
								10	40	FHH

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr2

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature: [Signature]  
 Print Name: Scott Andrich, MD



**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Physician Name Steven Horton MD	Surgical Volume Latest 2 complete years				Projections						Facility(s) from which these cases will be migrating
	Year 19		Year 20		Year 1 21		Year 2 22		Year 3 23		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
	0		59		285		360		415		None

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature Scott Andochick  
 Print Name: SCOTT ANDOCHICK





**TABLE 1: STATISTICAL PROJECTIONS - ENTIRE FACILITY**

CY or FY (Circle)	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	2019	2020	2021	2022	2023	2024	2025
a. Number of operating rooms (ORs)	2	2	2	4	4	4	4
• Total Procedures in ORs	2486	2060	2865	3275	3700	4175	4575
• Total Cases in ORs	2486	2060	2865	3275	3700	4175	4575
• Total Surgical Minutes in ORs**	123343	108883	151845	196500	222000	250500	274500
b. Number of Procedure Rooms (PRs)	1	1	1	1	2	2	2
• Total Procedures in PRs	15	59	100	150	190	230	270
• Total Cases in PRs	15	59	100	150	190	230	270
• Total Minutes in PRs**	435	2100	3559	5250	6650	8050	9450

\*Number of beds and occupancy percentage should be reported on the basis of licensed beds.

\*\*Do not include turnover time.

**TABLE 2: STATISTICAL PROJECTIONS - PROPOSED PROJECT**

CY or FY (Circle)	Projected Years (Ending with first full year at full utilization)			
	2022	2023	2024	2025
a. Number of operating rooms (ORs)	2	2	2	2
• Total Procedures in ORs	1310	1480	1670	1830
• Total Cases in ORs	1310	1480	1670	1830
• Total Surgical Minutes in ORs**	78600	88800	100200	109800
b. Number of Procedure Rooms (PRs)	1	1	1	1
• Total Procedures in PRs	75	80	115	135
• Total Cases in PRs	75	80	115	135
• Total Minutes in PRs**	2625	2800	4025	4725

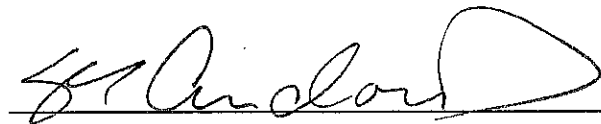
\*Do not include turnover time



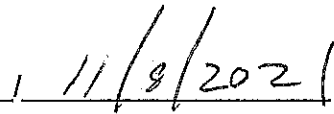
**Matter #21-10-2451**

**Supplementary Information Attestation:**

**I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.**

A handwritten signature in black ink, appearing to read "Scott E. Andochick", written over a horizontal line.

**Scott E. Andochick, MD**

A handwritten date "11/9/2021" written in black ink over a horizontal line.

**Date**

